



**TOPEKA HOUSING AUTHORITY**  
**SUPPLEMENT TO**  
**APPLICATION FOR PARTICIPATION IN THE PUBLIC HOUSING PROGRAM**

HEAD OF HOUSEHOLD NAME \_\_\_\_\_

ADULT MEMBER OF HOUSEHOLD \_\_\_\_\_

PHONE \_\_\_\_\_

Home

Work

OTHER NAMES USED: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

City

State

Zip

Message: \_\_\_\_\_

**I. RESIDENTIAL HISTORY** (where you have lived the last five years). THIS INFORMATION IS REQUIRED. A CONTACT NUMBER FOR LANDLORDS IS NEEDED.

List Current Address	From	To	Rent	Utilities	Name, Address, and Phone Number of Landlord
			\$	\$	
<u>Next Prior Address:</u>			\$	\$	
<u>Next Prior Address:</u>			\$	\$	
<u>Next Prior Address:</u>			\$	\$	
<u>Next Prior Address:</u>			\$	\$	
<u>Next Prior Address:</u>			\$	\$	
<u>Next Prior Address:</u>			\$	\$	
<u>Next Prior Address:</u>			\$	\$	

**II. INCOME AND ASSET INFORMATION:**

**A. Income:**

Please answer each of the following questions. For each "yes" answer, provide details below.

YES

NO

Do you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Work full-time, part-time, or seasonally?

2. Expect to work for any period during the next year?

3. Work for someone who pays you cash?

4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?

5. Now receive or expect to receive unemployment benefits?

6. Now receive or expect to receive child support?

7. Have an entitlement to receive child support that you are not now receiving?

- [illegible]

\_\_\_\_\_ **Social Security:**  
                   SSI/SSDI \$ \_\_\_\_\_      Name of recipient: \_\_\_\_\_  
                   SS \$ \_\_\_\_\_      Name of recipient: \_\_\_\_\_

\_\_\_\_\_ **SRS:**  
Cash \$\_\_\_\_\_ Food Stamps: \$\_\_\_\_\_

**Employed:**  
 Name of person working: \_\_\_\_\_  
 Name of employer: \_\_\_\_\_  
 Address of employer: \_\_\_\_\_  
 Hours worked per week: \_\_\_\_\_ Hourly Wage: \$\_\_\_\_\_ Date Started: \_\_\_\_\_

**Child Support:**

Court Order #: \_\_\_\_\_

Amount: \$\_\_\_\_\_ weekly/biweekly/monthly (circle one)

**Pension/Retirement Benefits:**

Amount: \$ \_\_\_\_\_

Received from: Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_ **School Loans or Grants:**

Amount: \$ \_\_\_\_\_

Received from: Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_ **Unemployment:**

Amount: \$\_\_\_\_\_ per week

\_\_\_\_\_ **Other:**  
Include here all monies obtained by any member of the family from any source not listed above.

Amount: \$\_\_\_\_\_ weekly/monthly (circle one)

Received from: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Explanations for any of the above if needed:

**B. Assets:**

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of you or any minors in the home.

Member	Bank Name and address	Value	Type of Account	Earnings/Interest
		\$		
		\$		

2. List the value of all stocks, bonds, trust, pensions, or other assets owned by you or any minors in the home.

\_\_\_\_\_  
 \_\_\_\_\_

3. List the value of any assets disposed of or less than fair market value during the past two years.

**Assets Disposed of in the last two [2] years:**

Member	Type & Date Disposed of:	Value	Net Amount Realized

**III. ELDERLY FAMILY ONLY:**

1. Do you have Medicare? \_\_\_\_\_. If yes, what is your monthly premium? \_\_\_\_\_  
 2. Do you have any other kind of medical insurance? \_\_\_\_\_. If yes provide name of carrier, premium amount, and agent's name below:

**Other Insurance:**

Member	Amount Paid	Carrier's Name and Address	Agent's Name and Address
	\$		

3. Do you have outstanding medical bills which you are paying? If yes list them below:

**Outstanding medical bills:**

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	
	\$	

4. What medical expenses do you expect to incur in the next twelve months?

**Anticipated medical bills:**

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	

**V. DISABILITY/MEDICAL EXPENSE:**

Please list any/all disability/medical expenses related to your disability that you pay, which you would like to be considered "qualified disability related expenses" when figuring your annual income. Part or all of these expenses could reduce your annual income and affect how much rent you pay.

**Anticipated disability/medical bills:**

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	

**VI. OTHER REQUIRED INFORMATION:**

- A. 1. Have you ever been a resident of any Housing Authority or received Section 8 or Shelter Plus care assistance?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, list name used, where, and when: \_\_\_\_\_
2. Have you applied for housing at the Topeka Housing Authority before? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, List name used and when: \_\_\_\_\_
3. Have you ever been evicted from any Public Housing Program or Section 8 Program? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, list name used, where, and when: \_\_\_\_\_
- B. Are you on the Bar and Ban List? YES \_\_\_\_\_ NO \_\_\_\_\_
- C. Do you require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? If so, please list necessary features or accommodations.  
\_\_\_\_\_

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

**IV. CRIMINAL HISTORY:**

1. Have you ever been arrested for or received a citation for FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
Year of Arrest: \_\_\_\_\_ Arrested for or received citation for: \_\_\_\_\_  
City, State, and County where arrested or received citation: \_\_\_\_\_
2. Have you ever been convicted of a FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
Year of Conviction: \_\_\_\_\_ Convicted of: \_\_\_\_\_  
City, State, and County where convicted: \_\_\_\_\_
3. Are you on any State's sexual offender list? NO \_\_\_\_\_ YES \_\_\_\_\_. If yes, what state? \_\_\_\_\_  
Please explain: \_\_\_\_\_

**IV. GUARDIAN INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip

**PAYEE INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip

Should paperwork be sent to you or your guardian or payee? \_\_\_\_\_ Send paperwork to me  
\_\_\_\_\_ Send paperwork to guardian or payee  
\_\_\_\_\_ Send paperwork to payee

VIII. IN CASE OF EMERGENCY, PLEASE NOTIFY (Required):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

NOTE: I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

APPLICANT CERTIFICATION

I/We certify that the information given to the Topeka Housing Authority on income, household composition, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

_____ Signature of Other Adult in Household	_____ Date
_____ Signature of Head of Household	_____ Date

.....  
Interview Completed by: \_\_\_\_\_  
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